



2012 – 2013 REGISTRATION

Office Use Only
Date Received: _____
Check #: _____
Amount: _____

Child Information

Name _____ Preferred: _____
(first) (middle) (last)

Address _____
(street) (city) (ZIP)

Phone (H) _____

Date of birth: _____ Gender: _____

Parent Information

Father _____ Home Phone _____

Work Phone _____ Cell Phone _____
(check preferred phone number for use)

Mother _____ Home Phone _____

Work Phone _____ Cell Phone _____
(check preferred phone number for use)

Preferred email address for receiving information: _____

Enrollment Information

Please check the appropriate box regarding your child.

- Our family is a member of St. Paul's.
- My child is currently enrolled at St. Paul's Preschool & PMO.
- My child is the sibling of a child currently enrolled at St. Paul's Preschool & PMO.
- No one in our family has attended St. Paul's Preschool & PMO before.

Please list class below requesting to enroll in.
